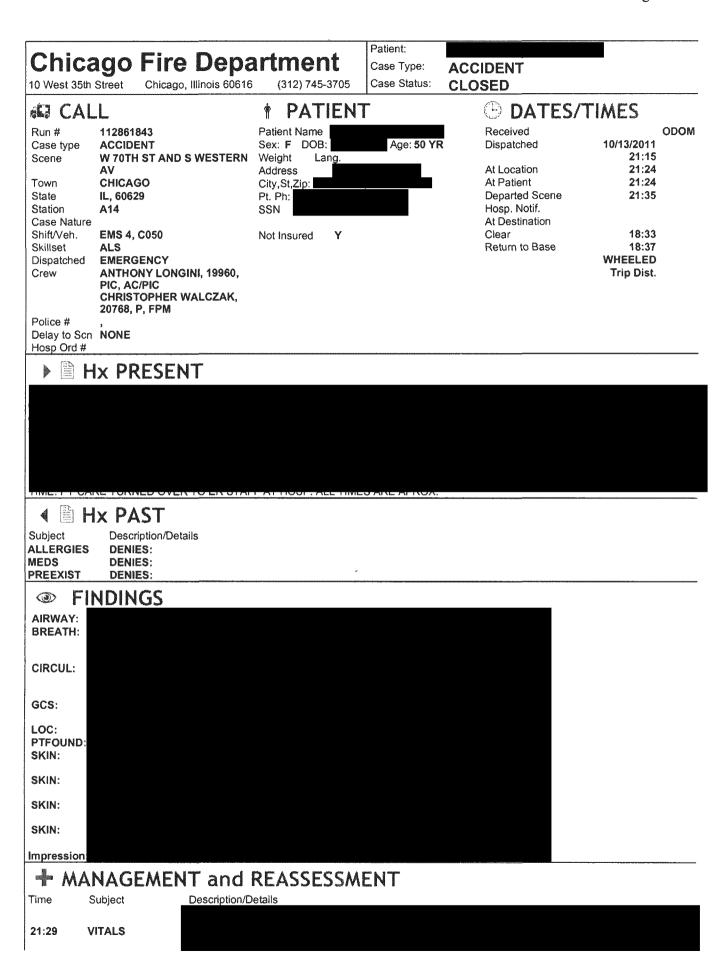
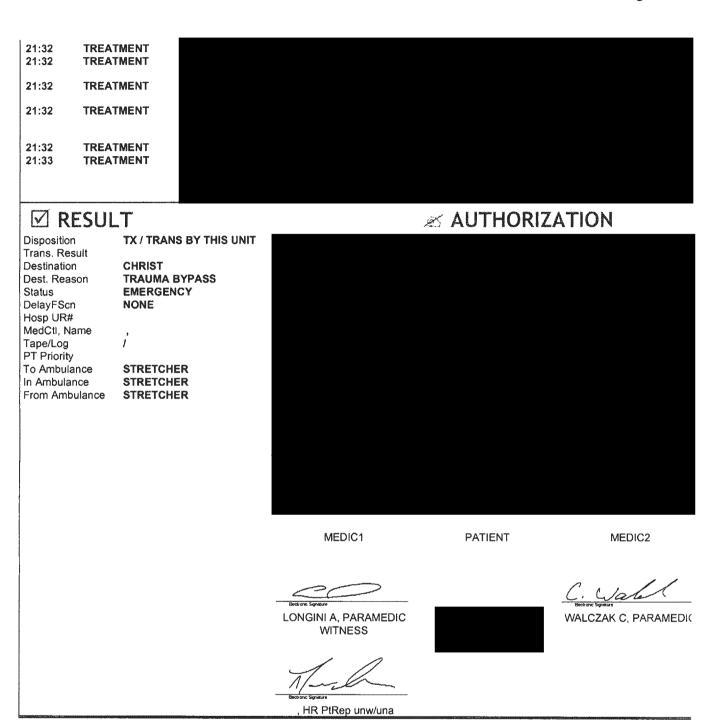
Incident Detail Page 1 of 2



Incident Detail Page 2 of 2



Received Fax : Nov 17 2011 11:45 Fax Station : CHICAGO FIRE DE

To: 3127454249 11/17/11 10:50 AM

Page 4 of 4

From: (3127456931)



BUREAU OF SUPPORT SERVICES MOBILE REPORTING UNIT EMS Incidents Record Request Form

i mill's incritantes uppara verifacist t. or m
Attention Mobile Reporting Unit Staff
Please complete as much of the below information that you can verify requesting a run sheet:
Date of run 13 Oct 11 Ambulance 14 Time ABOUT 21:10 Hours
Run Number UNK 9-1-1 Event Number 1/ 286 16921
Name of Patient _ Address of Incides Hospital Transpos
By signing below you agree with this statement: I have requested this document and I understand that its use and disclosure is governed by "HIPPA 42 U.S.C § 1320(d) et seq. (2002). I am authorized and approved to have workforce access to this document to carry out my duties and will abide by the City of Chicago's policy on Loss and Disclosure for "HIPPA 45 C.F.R §§ 164.502(g) 2002.
THE ITEMS BELOW THE LINE ARE MANDATORY BEFORE PROCESSING.
Print Name and Rank P.A. NOEL DEL VALLE #7485
Signature of requesting Officer Port a. All Valle
Specific reason for the request IAD INVESTIBATION #1049927
ASAP Next Day X Non-Priority

08/18/2009 08:22 3127454249